THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. III. August 15, 1839. No. 10.

For the American Medical Intelligencer.

Art. I.—CASES OF EPISIORAPHY[1] AND TENOTOMY.

BY PROFESSOR GEDDINGS, OF CHARLESTON, S. C.

[The following extract is from a letter to the editor by Professor Geddings. Professor G. has not given us permission to publish it, but he has not forbidden it, and we are satisfied he will pardon the liberty we have taken in placing it before our readers.]

A few days ago I performed an operation for prolapsus uteri, which presents some interest. A female slave, aged about 35, the mother of one child, had been affected with this distressing displacement of the uterus for upwards of fifteen years, to such a degree, that the organ protruded from the vulva in form of a large rough tumour, rendering her incapable of any kind of exertion. As the prolapsus could be reduced, though not retained, I resolved to perform the operation of *episioraphy*, recommended, and successfully practised, by Fricke, of Hamburgh,—the vagina, however, being very much relaxed, I deemed it advisable to so modify the operative procedure, as to combine with it the advantages of the plans proposed by Marshall Hall and Professor Dieffenbach. By making an incision, commencing on each side, two fingers' breadth below the upper commissure of the vulva, about a finger's breadth of each labium was removed, together with the fourchette—the two incisions being so conducted as to meet at an acute angle in perineo; the mucous membrane of the vagina was also dissected away, on each side, to the extent of an inch and a half. After the hemorrhage, which was inconsiderable, had ceased, the two raw surfaces were brought in apposition by means of a quilled suture of five stitches. A catheter was left in the bladder, and suitable dressings were secured by means of a T bandage.

On the second day the catheter was removed, on account of the constant escape of the urine by its side. Since then, nothing but light dressings have been applied; but on the fourth day, union having taken place, the sutures were removed. The parts are now healing kindly, and I am pleased to say, that, thus far, my patient seems to have every prospect of being completely relieved of a most loathsome and distressing malady.

Like many of my contemporaries, I, too, have been dividing tendons. In one case, the semi-tendinosus was severed to overcome a contraction at the knee, by which the heel was drawn up to the buttock. The deformity was occasioned by an extensive cicatrix, reaching from the upper third of the thigh to the vicinity of the heel. This was dissected away, when on attempting to extend the limb, it was found necessary to divide the semi-tendinosus muscle. The member was kept in a permanent state of extension

[1] From *σπυον*, the labium pudendi (modern), and *ραφη*, "suture."—*Ed.*

by means of a machine somewhat like the fracture apparatus of our friend, Dr. N. R. Smith, until the parts were healed. The limb is now perfectly straight.

Another case was one of pes equinus, affecting both feet. The individual was a young lady, aged 14, and the deformity was congenital. The skin on the inner side of the tendo-achillis, in each leg, was punctured by a small knife, (but little larger than the common iris knife,) and the edge of the instrument being turned towards the tendon, it was easily divided. The severance was marked by a loud snap, and the recession of the two ends of the tendon. For the first ten days the only apparatus used was a shoe, having a buckle attached near the toe, from which a strap extended upwards, in front of the leg, to fasten to another strap fixed around the limb, above the knee. After this time, a modification of Stromeyer's apparatus was employed. The small punctures healed in a few days, and gave no trouble; but the patient residing one hundred and fifty miles from town, I have not been able to learn how far the operation was successful. The last intelligence I received was, that there was some contraction of the ham-string muscles, which the writer ascribed to rheumatism.

Art. II.—ON THE DISORDERS OF THE BRAIN, CONNECTED WITH DISEASED KIDNEYS.

BY THOMAS ADDISON, M. D.[1]

The object of this communication is threefold:—First, To point out the general character and individual forms of cerebral disorder connected with interrupted function of the kidneys, from whatever cause such interrupted function may arise. Secondly, To show, that, in recent as well as in chronic disease of the kidney, the cerebral disorder is not unfrequently the most prominent, and occasionally the only obvious symptom present. And, Thirdly, To establish a means of diagnosis, in such obscure or unsuspected cases, upon the peculiar character of the cerebral affection.

That suppression of urine has the effect of inducing disorder of the brain, has long been familiar to the profession; and was recently illustrated, in a valuable communication made by Sir H. Halford to the Royal College of Physicians. It is also well known to surgeons, that mechanical obstruction to the discharge of urine, when long continued, is occasionally followed by a similar result; and Dr. Bright has not failed to demonstrate, that there exists, in many instances, a corresponding connection between disorder of the brain and the peculiar change of kidney he has so well described, and so fully illustrated, in his recently published works.

I am not, however, aware that any attempt has hitherto been made to specify with precision, and in detail, the several forms of cerebral disorder arising in connection with disease of the kidney; or that any one has sought to found, upon the character of these cerebral affections, a means of diagnosis available in cases in which, from the absence of the ordinary symptoms of nephritis, of every form of dropsical effusion, and of an albuminous state of the urine, the diseased condition of the kidneys is liable to be altogether overlooked. Experience and observation having led me to the belief that such obscure cases are by no means of very rare occurrence, and that, in the absence of other indications, the renal disease may occasionally be recognised with tolerable certainty by the character of the cerebral disorder alone. I venture to offer what follows as embracing an outline—although a very imperfect outline, I confess—of the general character and individual forms of cerebral disorder arising in connection with interrupted function of the kidneys.

According to my experience, the general character of cerebral affections

[1] Guy's Hospital Reports, No. viii. April, 1839, p. 1.

connected with renal disease is marked by *a pale face, a quiet pulse, a contracted or undilated and obedient pupil, and the absence of paralysis:* —this general character, however, being somewhat modified in certain cases, by circumstances attending the individual attack.

So far as I have yet been able to observe, the individual forms of cerebral disorder connected with renal disease are the five following:—

1. A more or less sudden attack of *quiet stupor;* which may be temporary and repeated; or permanent, ending in death.
2. A sudden attack of a *peculiar modification of coma and stertor;* which may be temporary, or end in death.
3. A sudden attack of *convulsions;* which may be temporary, or terminate in death.
4. *A combination of the two latter;* consisting of a sudden attack of coma and stertor, accompanied by constant or intermitting convulsions.
5. A state of *dulness of intellect, sluggishness of manner,* and *drowsiness,* often preceded by *giddiness, dimness of sight,* and *pain in the head;* proceeding either to *coma* alone, or to *coma accompanied by convulsions;* the coma presenting the peculiar character already alluded to.

With respect to the first mentioned form of cerebral disorder connected with renal disease, that of quiet stupor, it is, in its most exquisite form, probably the least frequently met with; the face is pale, the pulse quiet, the pupil natural, or at least obedient to light; and although the patient may lie almost completely motionless, there is no paralysis; for, on attentively watching him for some time, he will be observed slightly to move all the extremities. By agitating him, and speaking loudly, he may sometimes be partially roused for a moment, but quickly relapses into stupor, as before; or it may not be possible to rouse him at all. There is little or no labour of respiration, no stertor, and no convulsions. Slight degrees of it occasionally precede and pass into the next or second form.

This second form of cerebral affection is that of a sudden attack of coma with stertor, or in other words, apoplexy: it is, nevertheless, different from ordinary apoplexy: it is the serous apoplexy of authors, and presents the usual general characters of cerebral affection depending upon renal disease; for the face, instead of being flushed, is, in almost every instance, remarkably pale; the pulse, though sometimes small, and more rarely full, is remarkably quiet, or almost natural; the pupil, also, although occasionally dilated or contracted, is often remarkably natural in size, and obedient to light; and there is no paralysis. When the labour of respiration is very great, the general character is apt to be modified by an accelerated pulse, and occasionally by a slight flush of the countenance. The coma is for the most part complete, so that the patient cannot be roused to intelligence for a single moment. The stertor is very peculiar, and in a great measure characteristic of this form of cerebral affection, connected with renal disease: it has not, by any means, in general, the deep, rough, guttural, or nasal sound of ordinary apoplexy: it is sometimes slightly of this kind; but much more commonly the stertor presents more of a hissing character, as if produced by the air, both in inspiration and in exspiration, striking against the hard palate or even against the lips of the patient, rather than against the velum and throat, as in ordinary apoplectic stertor: the act of respiration, too, is usually, from the first, much more hurried than is observed in the coma of ordinary apoplexy. The peculiar stertor coupled with the pale face has, in more instances than one, enabled me to pronounce with confidence the disease to be renal, without asking a single question, and in cases, too, in which no renal disease whatever had for a moment been suspected.

The third form of cerebral disorder connected with renal disease is that of a sudden attack of convulsions. In this case, also, the countenance is, for the most part, remarkably pale, although, occasionally, slightly flushed at intervals: the pupil is often but little affected: in slight attacks of the kind, the pulse is sometimes singularly quiet; but when the convulsions are

severe, and especially when there is such a degree of coma as to be attended with stertor, the heart often sympathises, and the pulse becomes rapid, irregular, and jerking. This form of cerebral affection often passes into the fourth variety; or the cerebral affection shall take on the form of the fourth variety from the commencement: in the latter case we have merely a combination of the second and third varieties—the coma, hurried breathing, stertor, and convulsions being so blended together as often to have led to a dispute, whether the affection ought to be designated apoplexy or epilepsy. From what has been already stated, it may in general be very easily recognised as one of the common forms of cerebral disorder connected with renal disease.

The fifth variety is that in which the cerebral disorder makes its approach in a more gradual and insidious manner, usually commencing with dulness of intellect, sluggishness of manner, and drowsiness, gradually proceeding to coma, and more or less stertor, with or without convulsions; these states being, at the same time, distinguished by the general indications already pointed out. This form of cerebral disorder appears to be that which most commonly supervenes in the progress of the morbid change of kidney described by Dr. Bright; and is very frequently preceded by giddiness, dimness of sight, and pain in the head.

It is scarcely necessary to acknowledge, that it remains for future experience and observation to furnish the details of this very imperfect sketch, both as regards the general character and the individual modifications and complications of the cerebral disorders connected with interrupted function of the kidneys. There is, however, one highly interesting question, to which I may briefly advert; and that is, whether there really exists any discoverable relation between the character of the renal affection and of that of the brain—whether the form, permanence, and violence of the cerebral disorder bear any relation whatever to the activity, duration, and extent of the renal disease. This part of the enquiry is, so far as I know, altogether new; and although I am not, at present, in possession of a sufficient number of well digested facts to justify any very decided or confident conclusions, I nevertheless have imagined that I have already perceived a certain degree of relation between the actual condition of the kidney and the character of the cerebral affection.

Of all the more serious affections of the brain arising in connection with renal disease, the mildest form appears to be that of a tendency to a state of quiet stupor, varying in degree from a mere torpidity of manner and sluggishness of intellect, to complete insensibility to all surrounding objects. Accordingly, I have found this form of cerebral disorder most frequently present in what may be regarded as the least formidable, or more temporary derangements of the kidney. The most exquisite example I ever saw, occurred in a man, who at the time presented no dropsical symptom whatever, whose urine was not albuminous, and who made no complaint of pain or uneasiness in his loins. After death the cortical part of the kidneys was found highly injected, of a deep-red or almost chocolate colour, and somewhat softened in its texture; in short, furnishing the strongest indications of a recent nephritic attack in a subdued form: it is also my belief, that the same state of things not unfrequently takes place, at an early period, in the progress of scarlatina: we observe an approach to a similar condition of brain in cases of fever, in which the bladder has been allowed to become over-distended; and most assuredly in cases of retention from stricture, and in cases of calculus in the kidney. In all these instances, the interruption or impediment to the urinary secretion may be said to be recent or incomplete; and hence, probably, the less degree of severity of the cerebral affection, and the less peril to the patient; for in such instances the symptoms very commonly pass away, and the patient recovers. When, however, the hurtful cause is of an originally nephritic character, the chance of recovery will be less than when the cause of obstruction happens to be merely mechanical and temporary.

The next, in point of severity, of the cerebral affections connected with renal disease appears to be that of convulsions, with comparatively little stertor;—convulsions, however, which may prove speedily fatal; or which may be repeated an indefinite number of times, but from which the patient very often completely and permanently recovers. Accordingly, I have observed this form of more simple convulsions most frequently associated with what may fairly be regarded as a more exquisite and enduring form of renal disease than that just alluded to: I have observed it most frequently in cases of renal dropsy, subsequent to scarlatina; and in that form of renal dropsy supposed to arise from direct exposure to damp and cold, and commonly known by the name of inflammatory dropsy. As the renal affection has already proceeded to induce dropsy, we cannot but regard it as more fixed and more formidable than in the cases described as being attended with more or less of quiet stupor: and accordingly, instead of merely a certain degree of this latter condition, we have convulsion which may indeed prove fatal, but from which, as already observed, the patient often completely and permanently recovers.

As might have been expected, the most stubborn and intractable, as well as the most fatal cases of cerebral disorder connected with renal disease are unquestionably those found associated with the chronic and irremediable disorganisation of kidney described and illustrated by Dr. Bright. It is nevertheless very far from being true, that every such case of renal disease is associated with cerebral disorder: on the contrary, in no very inconsiderable proportion of such cases, even till the period of their fatal termination, no cerebral derangement whatever, or, at least, none of sufficient intensity to attract particular attention, has been observed. Why cerebral symptoms should supervene in one case and not in another, or, in other words, what it is that determines their development in this and in other forms of renal disease, it is impossible, in the present state of our knowledge, to ascertain: for although a simultaneous diminution of the urinary secretion may occasionally be observed, such a coincidence is by no means constant; the secretion, in some instances, continuing to flow in a very fair quantity, even at the period of the most formidable attacks of cerebral disorder.

Considering the gravity, permanence, and irremediable nature of the disorganisation in this form of renal disease, we might naturally expect that the cerebral disorder, when it does supervene, would, in its constancy, urgency, and intractability, be found in some measure to correspond;—and, accordingly, this has really appeared to me to be the case; the patient suffering repeatedly, or more or less constantly, from heaviness, drowsiness, giddiness, or pain or sense of tightness in the head, and being peculiarly liable to be suddenly seized with the most alarming and most fatal of all the forms of cerebral disorder occurring in connection with renal disease—profound coma and stertor, with or without convulsions.

I have purposely omitted to notice the morbid changes discovered in the brain after death: they are well known to be very often, in appearance at least, extremely slight; and do not, as far as we are yet aware, either in their kind, degree, or situation, offer any explanation of the form or severity of the cerebral disorder which proved the immediate cause of death.

In concluding this brief and imperfect communication, I would again repeat, that my object has been to direct attention to an important and interesting enquiry, rather than to profess a knowledge of the many details and exceptions which must necessarily arise out of future well-directed observation and experience. My pretensions extend not beyond a conviction, that the cerebral affections which occur in connection with renal disease, or other cause of interrupted urinary secretion, present a character generally recognisable by obvious indications; and that these cerebral disorders of renal origin not unfrequently supervene in the absence of ischuria, of dropsy, and of those symptoms usually regarded as essential to ordinary nephritis, or, at least, of such a degree of the latter as would be sufficient to attract particular attention, unless supported by the character of the cerebral disorder.

Art. III.—DEATH FROM PUMPING AIR INTO THE EUSTACHIAN TUBE.[1]

An inquest was held on the 26th and 28th ult., before Mr. Wakley, at the Plough, Museum street, on the body of Joseph Hall, aged 18. He died, while undergoing an operation, on Saturday, the 22d of June, for the relief of deafness, at the house of Dr. Turnbull, in Russell square. The operation consisted in pumping air through the nostrils into the Eustachian tube; it was repeated four times on the deceased, and on the tube of the instrument being taken from his nostril the fourth time, he fell back in the chair, and never spoke afterwards. Charles Spadbrow, the witness, had had the operation performed on himself four times at a sitting. It produced a swimming in the head, and a portion of the air appeared to escape by the mouth, and the rest down the throat.

Three medical witnesses were examined: Mr. James Reid, Mr. Savage, and Mr. Liston. Their evidence is given, as follows, in the *Times* of July 1st:—

Mr. James Reid deposed, "that he found a thin layer of blood on the left side of the membrane of the brain, and globules of air under it, and in the small veins of the brain; that the left tympanum, or internal ear, had its lining membrane swollen, of red appearance, and there was a slight effusion of blood in it. From the known plethoric habit of the deceased, and from the fact of his having exerted himself at filling the air-pump before he was operated upon, he should say the cause of his death was apoplexy.

"Mr. Savage, lecturer on anatomy to the Westminster Hospital, was next examined, and differed from the last witness, and stated that there was extravasated blood on both sides of the membrane, and that the tympanum of the right ear was affected as well as the left. He did not consider that deceased died of apoplexy, but that the injection of cold air through the Eustachian tubes was the primary cause of deceased's death. He knew that the instrument used by Dr. Turnbull would be affected by this opinion, but he did not think the operator in the case at all to blame, as he could not be aware of the nervous susceptibility of the patient.

"Mr. Liston, surgeon to University College Hospital, stated that he was present at the post-mortem examination, at the request of the coroner, and the probability was that the deceased died in a continued fainting fit. He could not easily disconnect the forcible injection of cold air into the tympanum from the effect that followed it. In the region of the tympanum were a number of small nerves connected with the most important one of the body, which receiving an impression, would cause spasms, or other fatal affections of the heart. Nothing precisely satisfactory could be come to, on account of the decomposed state of the body."

The verdict was, "Accidental death," with a caution to Dr. Turnbull never again to intrust the instrument in unprofessional hands; Mr. Lyon, his assistant, who operated on Hall, not being, we suppose, a medical practitioner.

This case is so exceedingly interesting, that we hope the medical witnesses will publish their opinions in a more trustworthy form. If we understand the evidence, it is clear that Hall's death was the direct effect of the operation. Somebody who professes to cure deafness by catheterising the Eustachian tube has taken this opportunity of praising himself up to the skies; but we would suggest to him in a quiet, friendly way, that as good wine needs no bush, so a really good operation needs no puffing; that Dr. Kramer, of Berlin, does not owe his reputation to advertisements; and that a man who trusts to these fleeting harbingers of fame is evidently destitute of the *fiduciam magnarum rerum*—the true stamp of genius and reputation.

[1] Lond. Med. Gaz. July 6, 1839, p. 538.

To the Editor of the Medical Gazette.

Sir,—Two deaths having taken place within a few days, the consequence of operations performed upon the ear, I beg leave to offer a word or two to those paying attention to diseases of the ear.

Firstly.—Under no circumstances ought the tube from the air-condenser to be accurately fitted to the catheter, one extremity of which is placed in the orifice of the Eustachian tube; but, as has been forcibly pointed out by the reviewer in the current number of the British and Foreign Medical Review, p. 95, the "nozzle of the tube of the air-press should be held during the operation so loosely in the dilated end of the catheter that there may be room for air to regurgitate." By adopting this plan, although I have operated on my own ears many dozens of times, and upon patients many hundreds, I have never even produced emphysema, or any pain in the ear.

Secondly.—The condensed air must not be allowed to rush into the cavity of the tympanum in the form of "*charges*," but in a gentle and continued stream. Any one thinking of the peculiar and powerful effect produced in the ear and over the whole of the head, during, and for some moments after, the distension of the cavity of the tympanum by a forcible expiration with closed nostrils, can well imagine the result of a "charge" from a powerful air compressor.

Thirdly.—No one ought to undertake the performance of the operation who has not attained considerable dexterity and tact by the passage of instruments on the dead subject.—I am, sir, your obedient servant,

J. T.

For the American Medical Intelligencer.

Art. IV.—DIVISION OF THE STERNO-CLEIDO-MASTOIDEUS MUSCLE FOR WRY-NECK OR TORTICOLLIS.

BY DR. ALBERT G. WALTER, OF PITTSBURG, PA.

Professor Dunglison,

Sir,—If you deem the following case and the accompanying remarks deserving a place in your valuable journal, you are at liberty to insert them.

Very respectfully,

Your obedient servant,

Pittsburg, Pa. July 29th, 1839. A. G. Walter.

The operation for wry-neck, like that for contracted feet or joints, founded upon the Strohmeyerian principle, (the division of the muscles or tendons beneath the skin,) is truly the greatest triumph of surgery. Any contracted joint, foot, or muscle, however great the deformity may be, or awkward the shape of the member, whatever may be the age of the patient or the standing of the disease, will admit of being restored to a perfectly natural shape and complete usefulness, provided the operation be performed with a true understanding of the anatomical and pathological condition of the part contracted, and with care to save the skin as much as possible.

The operation for club-foot being now warmly received by the profession in every country, since the most distinguished surgeons, Strohmeyer and Dieffenbach, established its practicability, is still rather defective with regard to patients advanced in life; for experience has amply proved, that by dividing the tendo Achillis alone, in adults, the club-foot never can be restored; and that by severing a few tendons more, such as of the tibialis posticus or flexor digitorum communis brevis, the restoration of the foot, still is very difficult and extremely painful, the member being far from regaining its natural shape. These cases, however, are reported as perfectly cured, although the toes point in, the patient resting principally on the outer side of the foot, and the prominence of the tarsal bones on the back of the foot being still very marked. This can be avoided, and the patient be saved from extreme suffering, protracted for months, if every tendon, muscle, and ligament, participating in the contraction, be divided, or anatomically speaking, a true dissection of the contracted foot be made.

It is the operation thus performed for which I claim to be the originator, and to which I intended to direct the attention of the profession, in a paper on club-foot, sent for publication last year to Philadelphia, when I had successfully operated on ten cases in this place, but which for reasons I do not know, has not yet appeared, although repeated requests for its publication from medical friends and physicians of the highest reputation of this place have been made to editors of the Philadelphia journals.[1]

My experience, founded on a great number of operations of this kind in Germany and Pittsburgh, convinces me that there is not to be met with a single case of club-foot, of the worst kind, which would not be perfectly restored by this mode of operating.

The operation for wry-neck (being more simple) has reached already its perfection, since Professor Dieffenbach's, of Berlin, experience has established its success. It is less painful, and the after treatment being accomplished in a shorter time than that for club-foot, is almost entirely devoid of pain.

The first case with which I met in this place, was of a very bad kind, which was perfectly restored in the course of *eight days* after the operation, without the least uneasiness on the part of the patient.

George Salters, of Lebanon county, Pa., 34 years of age, saddler by trade, of strong constitution and healthy, was affected with a very great contraction of the left sterno-cleido-mastoid muscle, which came on after an injury when he was only a year old. The kind of injury, however, he is not able to explain, there being no mark of an injury on the skin covering the muscle. The head was closely approximated to the left shoulder: the whole muscle projected like a hard, thick, and tendinous ligament, not admitting of the least extension, preventing the patient from moving his head, and often causing great pain when he was at work. The whole left side of the face was drawn down to the shoulder, more especially the angle of the mouth, the external commissure of the eye, and the left ear. Both insertions of the muscle participated in the contraction; the posterior, however, less than the anterior. The cervical vertebræ formed a projection to the right side, being, however, perfectly free from any organic affection.

I met this patient accidentally four months ago, and proposed the operation to him, to which, being novel, he would not submit, apprehending injury to the large blood-vessels of the neck. Repeated proposals, however, with the assurance of safety and complete success, induced him to consent to its performance.

On the 19th of July, 1839, in the presence of Dr. I. P. Gazzam (to whom I feel greatly indebted for his unwearied kindness and friendly assistance towards me while introducing these operations) and Dr. Black, of this city, I performed the operation in the manner recommended by my preceptor, the celebrated Professor Dieffenbach. My patient being seated on a chair, I introduced a very narrow concave knife, such as I use for operating on club-feet, through the skin, three quarters of an inch above the clavicle, between both insertions of the muscle, and cut the anterior portion of the muscle dirrectly across in a moment. A strong noise, like the breaking of a large cord, followed the operation, and the muscle relaxed immediately. To cut the posterior portion the knife was again introduced behind the muscle. The head turned to the right side at the same moment, leaving no trace of the contraction. There was no hemorrhage, but an oozing of a few drops of blood. A spica humeri was applied over the wound, covered with graduated compresses, and an antiphlogistic regimen ordered.

The day after the operation the small incisions (not exceeding the tenth of an inch) were healed. No inflammation or extravasation of blood being observed, I commenced extending the head on the same day by an appara-

[1] This paper has appeared, since our correspondent's communication was penned, in the last number of our respected cotemporary—the Eclectic Journal of Medicine.—*Ed.*

tus similar in construction to that of Glisson's swing, and made my patient wear a stiff collar. In this way I went on extending the head daily for eight days, when I had the satisfaction to see him perfectly cured of his deformity without the least uneasiness or pain on his part, and without being confined to bed a single day. His neck is perfectly straight, he can use it in any direction, feels more comfort in pursuing his usual occupations, and has excited great astonishment among his friends, who do not know him with his head straightened. The obliquity of the left side of his face has almost worn away and will entirely disappear. The curvature of the cervical spine also is gone.

It has been my practice to commence extension sooner in these cases than is done by Dieffenbach and other surgeons. Being aware of the rapidity of the union of divided tendons and muscles, when the skin is saved, I have never hesitated to tear the newly formed medium between the cut surfaces, and by this method have saved my patients a good deal of suffering which would have resulted from deferring the extension for many days, and thus have shortened the cure very much. In the last report of Professor Dieffenbach's operations for wry-neck, there is not a single case of a grown person cured under two or three weeks, and most of them only after a much longer period, while my patient, more advanced in life than any of his, was cured in eight days. The same happy result has attended my operations on club-feet, the worst cases of which, even in persons advanced in life, have been completely restored, after four weeks' extension, which, under other circumstances, would take as many months.

A full detail of my operations on club-feet, being twenty-five of the worst kind, and successfully cured in a few weeks, with the necessary remarks, is intended for publication as soon as circumstances will permit.

It is indeed strange that Dr. Togno, of Philadelphia, though he expresses himself in his analysis of Bouvier's memoir on club-foot (the Select Medical Library of June last) an advocate for the division of the tendo Achillis, *so far back as* 1831, should now entertain a different opinion after having been deterred from proposing the operation only by being opposed by high authority. Every surgeon engaged in orthopedic surgery in the principal hospitals of France and Germany, where this branch of surgery is particularly attended to, was convinced of the inefficacy of mechanical means in overcoming contracted feet and joints; for after years of painful trouble to the patient, the deformity remained nearly the same. This was the case in young persons, the more so in grown. Being aware of the inability of orthopedic means in these cases, the profession at large warmly received the new and ingenious operation, the division of the tendons, by which the community has been more benefited during the few years after its introduction than by orthopædia since the oldest times of surgery.

Dr. Togno, while professing orthopedic surgery, ought to have been the first to express his gratitude for the knowledge Strohmeyer and Dieffenbach have conferred upon the profession, the more so as his orthopedic business will now grow very scarce if he will not resort to the judicious use of the knife. But is there any sound reason to prefer the painful, tiresome, and ineffectual proceeding of extension by mechanical means (which must be continued for months and years) to the section of the tendons, which accomplishes a perfect cure in a few weeks, with much less suffering to the patient?

Dr. Togno is too sanguine in his expression, and we fear not candid, when he states, at page 306 of his analysis, "I greatly fear that hereafter this operation will be resorted to in many instances in which a *simple and appropriate machine* would suffice, and would produce a more *perfect cure*:" again, "surgeons have been induced to perform this operation when it would have been *better* to have dispensed with it;" and also, page 305, "we resorted to a more *tedious* method, but which to our astonishment proved successful, even in the most deformed congenital cases of pes equinus of adults."

I entertain very little belief in these cures, and I hope the rest of the profession will agree with me. I have never seen, while attending the largest hospitals of Europe devoted to these cases, a single contraction of the tendons in grown persons cured.

The operation is *simple*, *easy*, *certain*, and *harmless*—so says Dr. T.—and nevertheless he opposes it and gives a preference to the mechanical treatment, while he is prepared at all times by his ingenuity to contrive machines properly modified to suit each individual case, not regarding the amount of suffering resulting from it, or the length of necessary attendance and the very little benefit, if any, following it. Vesication and ulceration of the skin, the necessary consequence of long continued pressure will be one of the disadvantages he has to combat with.

The apparatus surgeons are in the habit of employing in these cases is based on principles similar to those of Scarpa and Delpech, with modifications suiting every operator, for which there is not much claim for ingenuity, and none for originality.

But Dr. T.'s expectation goes certainly too far, when he believes his appropriate and ingeniously contrived machines would produce a *more perfect* cure. This stands in contradiction not only with the experience of every operator, but is, pathologically and physiologically speaking, wrong. A tendon being of an unyielding structure, can only be stretched to a small degree, and will resume its former condition as soon as the extension ceases. But being cut, a newly formed analogous structure is subjected to extension, which becomes consolidated after the extension is completed.

Lastly,—In opposition to Dr. T.'s sentiments, there is not a single case of deformed feet or joints, where the operation had better be dispensed with and left for his mechanical means. We are very much in favour of the section of tendons and muscles in cases of deformities from no small share of experience in its success, and do not fear Dr. T.'s disapprobation, from our operations having been extended on a larger scale than by any other surgeon.

We do not feel, indeed, a desire to augment the number of tendons cut in the course of a year, if there is not to be gained a real benefit, but can assure Dr. T. that we very often, in cases of club-feet, severed six tendons, three muscles, and some ligaments at a time. We operated lately on a gentleman of high reputation, of this place, affected with the worst kind of varus in this manner, and had the satisfaction to see his foot perfectly straight in four weeks, on which he walked about a week later. Would orthopedic means ever cure such cases, although subjecting them to constant trouble, protracted for many years? We hope Dr. T. will think better of this new operation, when experience shall have enabled him to form an opinion about at it all.

Orthopedic surgery, based on mechanical means, has come now to its expiration nearly, being substituted by the proper and skilful use of the knife; for the knife shall not be the last resort in contractions, (as Dr. T. wishes,) but is the only and judicious means to effect a cure. Any attempt to overcome a badly contracted member by mechanical means, without previous cutting, is cruel and irrational.

BIBLIOGRAPHICAL NOTICES.

Minutes of the Medical Society of Tennessee.[1]

Besides the minutes of the society, the pamphlet before us contains a sensible address delivered before the society by Dr. A. A. Buchanan, of

[1] Minutes of the Medical Society of Tennessee, at the tenth annual meeting held in Nashville, May, 1839. 8vo. pp. 44. Columbia, 1839.

Columbia; extracts from the introductory part of a strange address on "the late epidemic Asiatic Cholera," by Dr. F. Stith; and a case illustrative of the etiology of spontaneous amputation of the limbs of the fœtus in utero, by Dr. Buchanan.

The chief subjects of the first address are the suppression of quackery and the improvement of the profession in Tennessee.

"Under existing circumstances," says Dr. Buchanan, "the greatest good that we can effect is to endeavour to accomplish the objects for which we were instituted:—it is clear, from the words of our charter, that it was not intended or expected that we should regulate the practice of the profession, or suppress quackery; but surely we can in a very great degree maintain the proper character of the profession, by guarding the entrance into our ranks, and making it obligatory upon those who wish to become members of this society, to be at least sufficiently qualified, to obtain a diploma from any of our medical schools. Such, I am satisfied, are the attainments of all our present members, who number over two hundred; and, with such a force of learned and intelligent men!—men! whom the highest ordeals in our country have pronounced to be learned doctors!—is it possible that nothing can be accomplished by their combined efforts, that will be worth transmitting to posterity, or calculated to shed light upon the benighted path of the medical philosopher! Are there no diseases in Tennessee whose history is calculated to throw light upon many moot points in pathology and physiology? Are there no plants upon the mountain top, or in the rich and beautiful valleys of our delightful country, that are new and interesting, and calculated to excite the highest curiosity and delight in the medical botanist, as well as crown him who will explore their virtues and history with durable fame? Have our minerals all been explored and their virtues tested? Or is it designed that this herculean task shall all be performed by the distinguished professor who is now geologist to the state? Has our climate, our soil, and topography, been sufficiently studied and described? or have we all these subjects, and numerous others, yet to investigate and explain? I need not say we have; and with this wide field before us, all new and unexplored, inviting our investigations, and awaiting to bestow high and lasting honours upon us, is it possible that the learned assembly I am now addressing are willing to shrink from a task which promises such rich rewards, and idly lounge upon the indolent idea that we can accomplish no good under the present form of our charter? The widely extended country over which the members of this society are scattered, has been brought up in argument against its stability and usefulness; but it matters not how wide the scope of country—so much the better: so much the greater variety of soil, climate, and diseases, and consequently so much the wider field for observation and usefulness. It is not expected, nor is it reasonable to expect, that our brethren from the eastern section of our state, or from the remote borders of the western district, will annually meet us here in *propria personæ*. But there is nothing to prevent them from making their observations, recording their facts, describing their districts, reporting their cases, writing their essays, and forwarding them to this society at each annual meeting. By so doing they would contribute as much to the general fund of knowledge, and reap as high rewards as if they were present. As members of the profession of medicine, we are each one bound to contribute his mite to complete the scientific edifice, whose foundation has been so often laid and uptorn. The numerous doctrines that have been advanced and overthrown, since the time of Hippocrates, sufficiently prove the intrinsic difficulties attendant upon the investigation of our science; and the numerous theories now in vogue, both in Europe and our own country, notwithstanding the real acquisitions that have been made to our knowledge in every department of medicine, still admonish us that the most important and essential truths have yet to be discovered. We are therefore called upon by a sense of duty, by the obscurity which hangs over our science, and by the illustrious examples who have gone before us, to give our united efforts to the advancement of the science of medicine."—p. 28.

We have characterised the second address, by Dr. Stith, as "strange." We shall leave our readers to form their own opinion from the peroration. If they comprehend it fully they are more fortunate than ourselves. The appeal to phrenology includes a rich supposition. It must indeed—in the author's view—be "a universal solvent"—for distressed theorists at the least.

"The error that I conceive to exist in all who have preceded me, is that they have been too limited, too bounded, too narrow in their views, and too exclusive in their theories, to compass the truth, the whole truth, and nothing but the truth.—Thus you see, that to compass this subject, I conceive it necessary to know something of all the elements of humanity—not that alone, but that these elements must be viewed in connection with all that constitutes the immensity of this vast universe, and, together with the universe, must be referred to the author of all things.

"Although the papers and medical periodicals were every where filled with facts and comments on the subject of the influence of fear, in inviting and in bringing to a fatal issue the disease thus invited, in the cases of particular individuals, yet no one asks the question, what may the moral and intellectual nature of man have to do with the epidemic character of this disease?

"All the world seems with one accord to have gone in pursuit of prophylactics, and of remedial agents, and not one solitary individual has thought fit to turn back to re-examine the philosophy of human life, to see if any of its elements, any of its phenomena, remain yet in obscurity; no one asks the question, how much does human existence depend on faith, or on moral and intellectual laws? or what may these laws have to do with the *developments* of design in the schemes of God's providence? Or what these laws may have to do with the modus propegandi [propagandi], the erratic character of this disease? All mankind are conversant with the influence of moral and intellectual contagion in matters of taste, matters of passion, matters of feeling, civic, politic, and in religious reforms and revolutions, still no one has thought fit to enquire into its influence in the propagation of disease. It may be because this is the first instance in the world in which it has so remarkably exercised its powers.

"We find that the pathological doctors every where were making post mortem examinations to see what light autapses [? autopsies] might throw on the nature of this disease. The world is much indebted to them, for their able and impartial reports of such examinations, and I shall at another time endeavour to profit by them in the elucidation of my theme; at present I only wish to remark that all resulted in disappointment, and that there are countless displays made by living men, innumerable deeds, actions, and emotions, resulting even in death, that post mortem examinations would throw no light at all upon.—For example, consult the accounts given of the convulsionists in Saint Medard of France, or the history of the Jerks in our own country—but of this more hereafter; for the present, gentlemen, it is only necessary to reflect for a moment on the many and the mighty passions and emotions of man, the intensity, the variety, and the duration of his intellectual operations, in a word, on all the intellectual and moral neumena [?] and phenomena; and answer me, what light would your autapses [autopsies] throw on them?

"Now that you begin to anticipate the use I am going to make of these remarks, you will say with me, that the lights of phrenology alone could enable us to profit by such examinations.

"But has a single individual throughout all Asia, all Europe, and all America, made a single examination with a view to the lights of phrenology?

"And what light could the science of phrenology possibly throw on this disease? In connection with the circumstances attendant on individual cases, it could show how much constitutional character, alias, physical conformation, has to do with this disease; in the same way that we pronounce on the proneness of particular individuals to particular diseases, such as apoplexy, consumption, *et cætera*, from the physical conformation."—p. 39.

The case illustrating the etiology of spontaneous amputation of the limbs of the fœtus in utero is confirmative of the views of Professor Montgomery, contained in his work recently reprinted in the "Library."

Roget's Physiology.[1]

Dr. Roget is known to all our readers as a zealous and able investigator and expounder of the laws of the organised economy. His Bridgewater treatise has been extensively circulated, and has fostered a taste for sound physiological enquiry in the community.

[1] Outlines of Physiology, with an Appendix on Phrenology. By P. M. Roget, M. D., Secretary to the Royal Society, &c. First American edition, revised, with numerous notes. 8vo. pp. 516. Philad. 1839.

The present volume is a good introduction to the study of physiology, and, in the language of the American editor, contains "a concise and well written epitome of the present state of physiology—human and comparative—not, as a matter to be expected, the copious details and developments to be met with in the larger treatises on the subject; but enough to serve as an accompaniment and guide to the physiological student."

The notes of the American editor are numerous, and are intended to supply omissions, to rectify certain points that appeared to be erroneous or doubtful, and to furnish references to works in which the physiological enquirer may meet with more ample information. We noticed several typographical and other inaccuracies in the original which are redressed in the American edition.

The appendix contains the author's views on phrenology, which are well known to be unfavourable to the pretensions of the "science."

Walker on Intermarriage.[1]

In our last volume[2] we took occasion to draw the attention of our readers—in terms of commendation—to the English edition of this work, and we stated on that occasion, that the facts and arguments brought forward by Mr. Walker were entitled to attention, and although we might not be prepared to admit with him the existence of the various laws which he supposes, still the results of his observations are interesting to every authropologist.

The publication of an American edition of this singular production, will enable the profession to form their own judgment of Mr. Walker's various positions, and his mode of elucidating them, and we have no doubt its perusal will amply recompense them for the labour. The publisher deserves credit for the handsome manner in which the work is "got up."

Parsons's Boylston Prize Dissertations.[3]

These dissertations have been long in reaching us, but they are not the less welcome. Their nature is sufficiently shown on the title page. The *second* dissertation is "on the disease called an irritable state of the urinary bladder, its causes and treatment;" the *third* is "on the connection between cutaneous diseases, which are not contagious, and the internal organs." They are all very creditable to the author.

On the oft, and still to be, disputed question of the influence of animal and vegetable decomposition as a cause of fever, the author ranges himself with

[1] Intermarriage, or the Mode in which, and the Causes why, Beauty, Health, and Intellect result from certain Unions, and Deformity, Disease, and Insanity from others; demonstrated by delineations of the structure and forms, and descriptions of the functions and capacities which each parent, in every pair, bestows on children, in conformity with certain natural laws, and by an account of corresponding effects in the breeding of animals. With eight illustrative drawings. By Alexander Walker. 18mo. pp. 384. New York, 1839.

[2] P. 348.

[3] Boylston Prize Dissertations on 1. Inflammation of the Periosteum. 2. Enuresis Irritata. 3. Cutaneous Diseases. 4. Cancer of the Breast. Also, Remarks on Malaria. By Usher Parsons, M. D., late Professor of Anatomy and Surgery, Brown University, &c. &c. 8vo. pp. 248. Boston, 1839.

those who believe in both; our own opinions on this subject have been so often expressed in this journal and elsewhere,[1] that it is not necessary to repeat them.

Vezin on the Itch.[2]

In the published reports of the Town Hospital of Osnabrück we are much struck with the large proportion of cases of itch; in the first report, the ratio being as 76 to 179 of the whole number admitted; in the second, as 102 to 232; in the third, as 71 to 163; in the fourth, as 129 to 243; and in the fifth, as 132 to 289. We are not surprised, therefore, that the attention of the medical superintendents should be directed to the cheapest and most expeditious mode of curing this complaint. Dr. Vezin, who is the near relative of a respectable resident of this city, has turned his attention in this direction, and has satisfied himself, that the English plan of treating the disease by sulphur is the most advisable. He recommends it *first*, because the disease is cured by it with great certainty; *secondly*, because it is removed most expeditiously; *thirdly*, because the elevated temperature, to which he exposes the patient during the treatment, and the rapid disappearance of the eruption, are devoid of any prejudicial action on the economy; and *fourthly*, because it is extremely cheap. We have always preferred the treatment by sulphur, and are in the constant habit of employing it. Where warmth is employed, and the body is well rubbed with the unguentum sulphuris compositum for a couple of days, it will be found, that the acarus has been destroyed, and the eruption overcome.

Ryan's Formulary.[3]

This is a most inaccurate production. We have had occasion to inspect it narrowly, and have been astonished at the numerous errors it contains. Not only are the names of the preparations *estropiés;* but also the quantities of ingredients. In a first edition this might be palliated. In a third it admits of no excuse. We caution our readers, who may possess it, not to depend upon it without close examination.

MISCELLANEOUS NOTICES.

Albany Medical College.—The number of students, during the session 1838–9, was 68—of graduates, 13.[4]

[1] Elements of Hygiène. Philad. 1835.

[2] Ueber die Krätze und ihre Behandlung nach der englischen Methode, Von Dr. Hermann Vezin, Königl. Hannoverschem Hofmedicus, Arzte am Stadtkrankenhause zu Osnabrück u. s. w, 12mo. S. 76. Osnabrück, 1836.

Zur Behandlung der Krätze, Von H. Vezin u. s. w. in Beylage zu N. 52 der Innsbrucker medicinisch-chirurgischen Zeitung, 1838.

Erster, zweiter, dritter, vierter, und fünfter Bericht über das Stadtkrankenhaus zu Osnabrück. 4to. Osnabrück, 1834, 1835, 1836, 1837, and 1838.

[3] The Universal Pharmacopœia, or a Practical Formulary of Hospitals, both British and Foreign; including all medicines in use. Translated from the last edition of MM. Milne Edwards and P. Vavasseur. Third edition, considerably enlarged and improved. By Michael Ryan, M. D., Member of the Royal College of Physicians and Surgeons, London, &c. &c. 48mo. pp. 534. Lond. 1839.

[4] Catalogue and Circular, &c. 8vo. pp. 30. Albany, 1839.

Medical Department of Hampden Sidney College, Richmond, Va.—The number of students at this institution, during the session of 1838–9, was 48—the number of graduates, 14.[1]

Medical Department of the University of Virginia.—The number of students during the past session was 60—almost as large a class as has ever been present.[2]

Congenital Absence of the Liver.[3]—This rare malformation was found, by Dr. Kieselbach, in a human embryo, which was, in all other respects, well formed. The umbilical vein passed through the umbilicus to the part which the liver usually occupies, without dividing; there the portal vein received it, and divided into two branches, one of which passed to the vena cava, but the other divided into innumerable ramifying branches, which terminated blindly. There were no traces of hepatic veins. One cannot, therefore, regard the flocculent division of the branches of the umbilical vein as residue of a liver which had once existed, and at a later period had, from some cause, wasted. The case is probably to be regarded as one of those rare arrests of development in which one of the most important organs is not formed, but in which a vascular growth occupies its place.—*Froriep's Neue Notizen*, No. 159.

On the Formation of Urea in the Animal Body.[4]—In illustration of this subject, Dr. Marchand has employed a modification of the experiment of removing the kidneys from dogs that had fasted for many days, and then seeking for urea in the blood (See Müller's Physiologie, Bd. 1. p. 586.) He has not starved the dogs on which the experiments were performed, but has fed them on perfectly pure sugar, which he had ascertained by the most careful examination to be entirely free from azote. He fed a large, healthy, and strong sheep-dog for 14 days with milk, to see how large a quantity of urea the urine of an animal thus simply nourished would contain. After the first five days he found 2.6 per cent. and in the next five days 3 per cent. at which proportion it remained stationary. The animal was now fed with perfectly pure distilled water, and pure sugar, of which he took 10 ounces daily. After six days, in which the dog appeared in very good health, the urine contained 2.8 per cent. of urea; in the next five days only 2.4 per cent.; and after five days more only 1.8 per cent. The animal was now very thin and rather weak, but there were no ulcers on the cornea, such as Magendie speaks of. He was now fed again with milk and *bouillon*, on which he rapidly recovered himself; and it was interesting to see that the proportion of urea in the urine did not keep pace with the improvement of condition, for the dog had recovered his *embonpoint*, while the urine still contained only 2.4 per cent. of urea. After 14 days of recovery under this diet, when the urine contained from 3.2 to 3.35 of urea, the dog was again fed on pure sugar and distilled water. After 8 days the proportion of urea fell to 2 per cent. The renal nerves were now tied, an operation followed by the same suppression of urine, with less danger than that of extirpation of the kidneys. The wounds soon healed, and for six days no particular symptom occurred; then vomiting and diarrhœa set in. Ten days after the operation the jugular vein was opened, and three pounds of blood drawn; from this blood urea was extracted, in a quantity amounting (in its combination with nitric acid) to 4.88 grains.

The fact seems to prove that the urea proceeds from the animal substances

[1] Catalogue of the Officers and Students, &c. 8vo. pp. 16. Richmond, 1839.
[2] Catalogue of the Officers and Students, &c. 8vo. pp. 23. Richmond, 1839.
[3] Lond. Med. Gaz. July 6, 1839, p. 543.
[4] Ibid. June 22, 1839, p. 477.

already formed in the body, and not, or at least not only, from unassimilated nutriment containing nitrogen.

Dr. M. has also obtained almost a direct proof of the presence of urea in healthy blood. The most remarkable property of this principle being its power of producing by its mere presence a different crystalline form in common salt than that which is usual, he has used this as a test of its presence. He found this test so delicate, that he could discover by it from 1-10th to 1-20th of urea, in from 100 to 150 parts of water. He mixed 20 pounds of serum of cow's blood with absolute alcohol, and filtered the fluid from the albumen. The fluid was then evaporated to dryness in a water-bath, and the residue was completely exhausted with absolute alcohol; the latter was then distilled off, and the residue was dissolved in water and mixed with some common salt. After a few days some octohedral crystals formed, which were found to be pure hydrochlorate of soda; and as no other substance is yet known capable of producing this change of crystalline form, the presence of urea in healthy blood may fairly be assumed.—*Müller's Archiv. Hft.* 1, 1839.

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From Messrs. Haswell, Barrington & Haswell.—Intermarriage, or the Mode in which, and the Causes why, Beauty, Health, and Intellect result from certain unions, and Deformity, Disease, and Insanity from others; demonstrated by delineations of the structure and forms, and descriptions of the functions and capacities which each parent, in every pair, bestows on children, in conformity with certain natural laws, and by an account of corresponding effects in the breeding of animals. With eight illustrative drawings. By Alexander Walker. 18mo. pp. 584. New York, 1839.

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